**OPI**

Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.state.mt.us

Attn: Gary Warhank

**Distance, Online, and Technology Delivered Learning Programs
Annual Provider Registration (per ARM 10.55.907)**

The Administrative Rules of Montana, Standards of Accreditation, Rule 10.55.907 requires providers of Distance Online Technology Delivered Learning Programs to Montana school districts to register annually with the Office of Public Instruction (OPI) and provide information concerning the course(s) offered and the qualifications of each instructor.

Information collected through the registration process will be available on the Office of Public Instruction Web site.

## A.       General Information

| | |
|---|---|
| Provider Name | |
| Address | |
| Telephone | |
| Fax | |
| E-Mail | |
| Contact Person | |
| Web Address | |

Is the business/institution an approved provider of supplemental services for the Title I program in Montana?
☐ Yes       ☐ No

Is the business/institution an approved provider of supplemental services for the Title I program in other states?
☐ Yes       ☐ No

    If yes, please specify the state(s):_____

How many years has the business/institution been providing distance, online and technology delivered learning?
_____

## B.       Service Specific Information

### B. 1.       Recipient Districts (copy and repeat section as needed for each course provided)

Indicate the school district(s) to which the business/institution is providing distance, online, and technology delivered learning programs:

School District Name:
City:
County:
School Code (SC): _____        Legal Entity (LE): _____

| **B. 2.** Instructor: Qualifications and Courses Offered (copy and repeat section as needed to enter each instructor) | | |
|---|---|---|
| Instructor Name | Endorsement(s) | Course(s) Taught |
| State | | |
| Folio No. | | |
| Other<br>(Enter qualifications of instructors who are not licensed as public school educators.)<br><br>(add attachments as needed to provide the information required) | | (add attachments as needed to provide the information required) |

| **B. 3.** Course Offerings Detailed (copy and repeat as needed to enter each course offered within the state) |
|---|
| Course Description<br><br>(add attachments as needed to provide the information required) |
| Content Abstract/Synopsis<br><br>(add attachments as needed to provide the information required) |
| Instructor(s) (Specify instructor name exactly as it is entered in section B.2.)<br><br>(add attachments as needed to provide the information required) |
| Is the curriculum aligned with the Montana Content and Performance Standards?  ☐ Yes  ☐ No<br><br>    If yes, briefly explain the alignment process (direct alignment to the Montana standards,<br>    alignment to the national standards correlated to the Montana standards, etc.)<br><br>(add attachments as needed to provide the information required) |
| How is this course evaluated to ensure quality?<br><br>(add attachments as needed to provide the information required) |
| Delivery Model (synchronous, asynchronous, Internet based, videoconferencing based, etc.)<br><br>(add attachments as needed to provide the information required) |

| Homework Assignments (detail expectations and process)<br><br>(add attachments as needed to provide the information required) | Timeline (specify expectations of hours per day/semester/etc.)<br><br>(add attachments as needed to provide the information required) |
|---|---|

| What methods of student contact are utilized? |
|---|

Required Frequency

| | | | | | |
|---|---|---|---|---|---|
| ☐ Interactive Videoconferencing | ☐ Monthly | ☐ Weekly | ☐ Daily | ☐ Infrequently | ☐ Not Utilized |
| ☐ E-mail | ☐ Monthly | ☐ Weekly | ☐ Daily | ☐ Infrequently | ☐ Not Utilized |
| ☐ Face-to-Face Meetings | ☐ Monthly | ☐ Weekly | ☐ Daily | ☐ Infrequently | ☐ Not Utilized |
| ☐ Video | ☐ Monthly | ☐ Weekly | ☐ Daily | ☐ Infrequently | ☐ Not Utilized |
| ☐ Chat rooms | ☐ Monthly | ☐ Weekly | ☐ Daily | ☐ Infrequently | ☐ Not Utilized |
| ☐ Telephone | ☐ Monthly | ☐ Weekly | ☐ Daily | ☐ Infrequently | ☐ Not Utilized |
| ☐ Snail mail | ☐ Monthly | ☐ Weekly | ☐ Daily | ☐ Infrequently | ☐ Not Utilized |
| ☐ Instant Messaging | ☐ Monthly | ☐ Weekly | ☐ Daily | ☐ Infrequently | ☐ Not Utilized |
| ☐ Other: (specify)_____ | ☐ Monthly | ☐ Weekly | ☐ Daily | ☐ Infrequently | |

How is student interaction monitored and assessed to ensure quality and effectiveness?

(add attachments as needed to provide the information required)